

Adult Services Meeting 3/9/2007
Forestry Building, Charlottesville, Virginia Dept. MHMRSAS

Attendees

Lisa Moore – Chair
Brian Parrish - VOCAL
Ken Moore – Consumer representative
Paige Mc Cleary – DSS substitute
Mike Shank - DMHMRSAS
Mary Kaye Johnston- DRS
Sherry Rose - Consumer representative
Donna Sue Harmon – Northwest Peer Connect
Jim Martinez- DMHMRSAS
Jo-Amrah McElroy – DMHMRSAS

Review of the Mental Health Block Grant report Eliminated from agenda as it has not yet been received. Peer Review from the national Technical Assistance Center is also not yet available. This report will include review of how block grant dollars are allocated; oversight and monitoring processes; financial planning; stakeholder participation; etc.

National Outcomes Measures (NOMS) – Handout listing NOMS passed out by Jim Martinez. Discussion about need to generate information for Congress and the President which provides assurance that the Mental Health Block Grant dollars are supporting viable programs and consistency across the 50 states. Need to substantiate continuing need for programs.

Evidence Based Practices (EBP) – Discussed. Mike Shank reported that the 16 ACT programs are held to be consistent with EBP but it is not recovery oriented. “The Department has tried to build on focusing on quality improvement around recovery.” EBP does not cover all of what people need. A lot of family psycho-educational programs in Virginia but they are not the same as what is in EBP.

Six Adult EBP programs in Virginia

1. PACT
2. Integrated treatment
3. Supported Employment

4. Medication algorithms
5. Wellness Management
6. Family psycho-educational

Two Children's EBP programs functioning

1. Multi-systemic Family Therapy
2. Functional Family Therapy

Recovery outcomes are not focused on in EBP. The DMHMRSAS is trying to use EBP to improve quality of life for those served. There is no good Quality of Improvement framework in place. Need for on-going data regarding how services are supporting people. Discussion around the importance of increasing the "connectedness" of individuals with serious mental illness to reduce feelings of isolation. Discussion included the VOCAL network and efforts to expand; could include development of telephone chats, computer chats, if people lack transportation. Lisa recognized the importance of this discussion and encouraged creative thinking.

Lisa Moore "Can we encourage development of our own EBP within Virginia? "

Ken Moore identified the two most significant factors in his own recovery: Motivation and Opportunity.

"Recovery oriented systems (ROSI) will be on line soon." Mike Shank

Brian Parrish -"How closely are CSBs following consumer surveys?"

Brian to send link to 1999 Ohio longitudinal study which was based on what consumers thought would be best recovery treatment for them and what the professionals thought.

Discussion of Community Consumer Submission CCS which is the data reporting system. Mike Shank suggested that in addition to reporting data naming the staff person who was working with the consumer might connect the hard and soft data. This is needed for people in recovery as we need to have hard data but also soft data which speaks to what makes life

meaningful for people. EBP is important but meaningfulness is also important.

Transportation This is an important issue for consumers. A suggestion was made to make a subcommittee for transportation in Mental Health Planning Council. This committee might partner with Secretary Travenor's office and the Committee on Health care Reform. ***This suggestion is to be taken to MHPC by Lisa Moore.***

Block Grant funding – Lengthy discussion by Jim Martinez to explain budget excesses resulted in an opportunity for distribution of one time Block Grant monies . This causes difficulties in accounting. Money is difficult to move quickly outside of state agencies because new contracts must be written. Allocations have already been made to CSBs in the amount of \$42,000; 1 million from the Block grant to geriatric; some earmarked for Transportation Initiative. There is \$550,000 available 7/1/07 from savings and the MHPC can make recommendations to DMHMRSAS as to preferences for funding support. Much discussion around the identification of our priorities.

Ideas for I time Block Grant funding Random order **NOT** prioritized

State Certified Peer Training program – 2 to 3 trainings in various parts of the state

How to utilize peer specialists in CSB's . Issues around what peer specialists are allowed to do. Training for peer specialists and CSBs.

Placement of consumers on taskforces – helping consumers to be heard not discounted

Weaving together hard and soft data – this would present a truer picture of what is going on and what is needed.

Olmstead money for networking – 20 thousand per year for 3 years

Training of law enforcement Crisis Intervention Teams (CIT)

Recovery training for consumers and staff

Quarterly magazine written and edited by consumers

Ombudsman program – Independent office

Veteran's support - establish relationship with the VA and local military bases

Increase peer support hours

Support Inspector General's reviews

Facilitation skills training for committees such as the Task Force
Networking funds
Fund more WRAP training
Establish hospital sitters – peer specialists

Statement from the Adult Services Committee regarding civil commitment

The Mental Health and the Law Symposium is being held in Charlottesville next week. “There is a need to re-cast the civil law process to give a larger voice to those with mental illness such that it forges a path to recovery as opposed to the court telling the person what to do.” Jim Martinez It needs to address recovery, empowerment, self-determination. There is a risk of the voices being lost in the shuffle if this does not happen. Perhaps partnering with the Taskforce on self-determination and empowerment. Do we want to make a statement from the MHPC that promotes recovery?

Lisa Moore to contact Jack Wood regarding a presentation on the commission's work.

REACH is looking for a replacement for the open WRAP position and is currently interviewing candidates. META Services, now Recovery Services Inc. of Virginia has started in Virginia Beach. Brian Parrish said they will probably provide crisis stabilization, consumer run programs, “living room” programs, consulting and vendors. They have been able to do this in other states with Medicaid reimbursement but will not be able to do so in Virginia. They want to help out local CSBs and vendors.